

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-703 251 RCS 21-1

-63-004382

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

FILED JAN 29 1963

Primary Registration District No. 500

Registrar's No. 106

VS 300
Rev. 4/59

14000

2 21/19

3

4 2

5 1

6

7 1

8 2

9 163X

10

11

12 48-0

13

48

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CITY OF ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 3 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4279 WEST EASTON
3. NAME OF DECEASED (Type or print) First RILEY Middle (NMI) Last BLUE		4. DATE OF DEATH Month JANUARY Day 10 Year 1963	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-10-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY HUNTINGTON, KENTUCKY	9. AGE (last birthday) 70 YRS
13a. FATHER'S NAME (Unknown) BLUE		13b. MOTHER'S, MAIDEN NAME RACHEL PIERSON	14. NAME OF HUSBAND OR WIFE LUELLA BLUE
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) YES WW-I		17. INFORMANT NEXT OF KIN ST. LOUIS, MO. MRS. LUELLA BLUE, 4279 WEST EASTON	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE INTERSTITIAL PNEUMONIA DUE TO (b) CANCER OF THE LUNG (LEFT) DUE TO (c) DIABETES MELLITUS		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 4 MONTHS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). DIABETES MELLITUS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION JEFFERSON BARRACKS, MO.
21. Attended the deceased from 1-7-63 to 1-10-63 Death occurred at 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Emmett D. Wall	
23a. BURIAL, CREMATION, REPOVA (Specify) BURIAL		23b. DATE 1-14-63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
24. FUNERAL DIRECTOR G. Wade Granberry		25. DATE RECD. BY LOCAL REG. 1-11-63	26. REGISTRAR'S SIGNATURE John B. Murphy
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.,		22c. DATE SIGNED 1-10-63	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Avenue
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.